



All Saints Episcopal Church

Health Ministry Survey

*The Health Ministry Team consists of a Parish Nurse, active and retired Nurses, Social Workers, Psychologists, Nutritionists, Recreational Therapists, Speech Therapists, Medicare/Medicaid Specialists, Emergency Medical Technicians (EMTs), and more. All of the Health Ministry team members are ready and willing to serve our church community, but we need your help to better serve you. Please answer the following anonymous survey questions so that we may prioritize and plan future Health Ministry activities and programs effectively. Thank you for your time and cooperation! **Please complete and return by MARCH 8th, 2009.***

Demographics

- 1) Sex: Male Female 2) Age: 0-18 19-35 36-49 50-65 Over 65
 3) Marital Status: Single Married Separated Divorced Widowed
 4) Number of children between the ages of: 0-3 4-12 12-18 18-25

Activities

- 5) Please mark next to the following activities which you or a family member would be interested in or use:
- a. **Advocacy** regarding navigating the health care system
 - b. **Articles** in the newsletter or website providing health information
 - c. **Visitation** by a Health Ministry/Care Team member in your home during times of illness or when experiencing a loss (i.e., death, divorce, unemployment, etc.)
 - d. **Visitation** by a Health Ministry/Care Team member while in the hospital
 - e. **Visitation** by a Health Ministry/Care Team member while in a nursing home
 - f. **Education** regarding available health resources
 - g. **Screenings** for high blood pressure, diabetes, cancer, etc.
 - h. **Counseling and Referral** by Parish Nurse or other Health Ministry team member regarding personal health issues
 - i. **Support Groups** (i.e., divorce, grief, cancer, etc.)
 - j. Other: _____

Programs

Please mark next to the following programs that you or a family member would be interested in attending:

6) Health Promotion

- a. CPR/First Aid Class
- b. Health Fair
- c. Early Disease Detection/Screening
- d. AIDS Awareness
- e. Dental Health
- f. Other _____

7) Healthy Hearts Cont.

- e. Smoking Cessation
- f. Stress Management
- g. Other _____

7) HealthyHearts

- a. Blood Pressure Screening
- b. Cholesterol Education
- c. Nutrition/Weight Control
- d. Exercise Classes

8) Adolescent Health

- a. Conflict/Communication
- b. Peer Pressure
- c. Eating Disorders
- d. Depression/Suicide
- f. Other _____

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9) Family Issues

- a. Parenting Classes
- b. Family Life Changes
- c. Sexuality
- d. Single Parenting
- e. Marriage Enrichment/Communication
- f. Domestic Violence
- g. Caring for the Aged
- h. Mental Health/Emotional Issues
- i. Suicide
- j. Other _____

10) Adult Issues

- a. Women's Health Issues
- b. Men's Health Issues
- c. Mid-Life Adjustments
- d. Living Wills/Advance Directives
- e. Retirement Planning
- f. Medicare
- g. Other _____

11) When Illness Strikes

- a. Heart Disease
- b. Cancer
- c. Stroke
- d. Alzheimer's Disease
- e. Arthritis
- f. Diabetes
- g. Living with Chronic Lung Disease
- h. Osteoporosis
- i. Low Back Pain
- j. Grief Issues
- k. Hospice
- l. Other _____

12) Support Groups/Self-Help Groups

- a. Caring for the Caregiver
- b. Parents without Partners
- c. Recently Bereaved
- d. Weight Control Support
- f. Other _____

Dates and Times for Attendance

13) Please circle which of the following times you would most likely attend a program:

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
8 – 12 am	8 – 12 am	8 – 12 am	8 – 12 am	8 – 12 am	8 – 12 am	8 – 12 am
1 – 5 pm	1 – 5 pm	1 – 5 pm	1 – 5 pm	1 – 5 pm	1 – 5 pm	1 – 5 pm
6 - 9 pm	6 - 9 pm	6 - 9 pm	6 - 9 pm	6 - 9 pm	6 - 9 pm	6 - 9 pm

Interested in Being Involved with the Health Ministry?

If you would like to volunteer your time or talent with the Health Ministry, you may either provide your contact information below, including your area of interest or expertise, or you may contact either the Directors of the Health Ministry, John & Darlene Aulls at aulls2@verizon.net or 301-662-2360 the Parish Nurse, Lori Peters, at Lpeters963@yahoo.com or 301-717-7727.

Name: _____

Address: _____

Tel. # and Email: _____

Areas of Interest or Expertise: _____

Thank you for completing the survey! You may either mail it to the address below or turn it into the church office by MARCH 8th, 2009.